Student Health Coalition.
Appalachian Project.
Final report, 1975.

APPALACHIAN PROJECT

RURAL STUDENT HEALTH COALITION

1975

FINAL REPORT, 1975

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PART I
INTRODUCTION

Student Health Coalition(SHC) is a student organized and student directed annual project, which has as its goal the betterment of health care delivery in under-served rural areas. Promoting effective community action, the SHC uses a Health Fair(a week of free physical examinations) as a means of generating interest and providing a focus for energy among the community around the issue of health. Capitalizing on this energy, communities use such activated "health" awareness to organize their own efforts to deal with the problem of an inadequate health care delivery system.

GOALS

(1) Quality Screening

For many people in the rural communities visited by the Health Fair, the medical examination offered by the SHC team is their first experience with a doctor or their first actual physical examination. From the comments of many of the community people, it seems that the Health Fair provided the most complete examination and positive medical association which the communities had ever encountered. The SHC believes that this experience of quality health care in turn promotes quality health education. People not only receive the benefits of a medical examination; they are also shown what good medical care <u>can</u> be.

(2) Education

The summer's work exposes most of the students to a new kind of lifestyle, to medical problems as they relate to real world situations, to new concepts concerning community control of medical care, and to the complex interplay of socio-economic and political factors in rural areas. Students are able to determine the advantages and disadvantages of rural life; these students also have a chance to work with people in a way which is not possible in the typical university setting.

(3) Organization. The expressed goal of the Student Health Coalition is to use the Health Fair as a means of focusing attention on the issue of health, so as to enable people within the community to unite and form a group dedicated to solving their own health care delivery needs. The SHC operates on the belief that people

within the community can best judge their medical and social needs, and that these same people should make the decisions which solve health care problems and should maintain control over the health care delivery system. It is the hope of the Student Health Coalition that the energy of people empowered through community organization will spread into other areas which require community action and local concern.

UNIQUENESS

The uniqueness of this project manifests itself in three broad areas: (1) student organization and student directorship; (2) student procurement of funds; and (3) active community involvement in long-term problem solving.

(1) Student Organization and Directorship

The student co-directors have the responsibility for organizing and implementing the entire project. This responsibility includes recruiting, hiring, and training the staff; ordering the drugs and supplies for the Health Fairs; selecting communities to be visited and making all necessary community arrangements; raising funds; working with supporting organizations (TVA, Vanderbilt University, local Public Health Departments) to coordinate activities and relay information; planning the summer schedule; and organizing special projects. The co-directors report to the board of directors of the Vanderbilt University Center for Health Services, the SHC's "umbrella" organization; however, all decisions are ultimately made by the students. The co-directors are given few guidelines by which to accomplish their task; thus, the successes and failures of the project are the responsibility of the students involved.

(2) Student Procurement of Funds

It is the responsibility of the students to obtain the funds necessary to implement the projects. In 1973, a student referendum was passed at Vanderbilt which allows each university student to voluntary donate five dollars for the Coalition's work at the time of registration. This effort receives about $12,000 yearly, to be divided among the three coalitions (West Tennessee, Urban Nashville and Rural Student Health Coalition). Later in the fall, the co-directors write a grant proposal with which they hope to solicit funds from private foundations. The co-directors also do the research and contact work with the foundations.

(3) Active Community Involvement

This aspect of the project is one of the most rewarding and strengthening elements of the Coalition's work. In addition to

the short-term goal of promoting a Health Fair, the SHC project seeks to involve the community in solving health care problems as defined by the community. It is not the Coalition's goal to identify community needs, but rather to assist the community in determining its own concerns. Without such community input and support, it is the belief of the SHC that even the most well-planned and well-meaning solution will not work.

PART II
PROJECT DESCRIPTION

TARGET AREA

The major part of the project is carried out in the Appalachian region of East Tennessee, Southwest Virginia, and Southern Kentucky. Communities are generally characterized by the following: lack of control over factors affecting health care; lack of adequate financial resources for delivery of health care; lack of effective influence on authorities controlling health-related aspects of the environment; and lack of community organization for dealing with the community situation.

HEALTH FAIR

The Health Fair model has evolved significantly since the beginnings of the SHC over seven years ago. What began as a small operation functioning out of the back of a station wagon now requires year-round planning for a project which involves ten to twelve weeks of summer work.

The goals of the fair are to provide interested individuals in the community with an accurate assessment of their immediate health care needs; to make that community at large aware of the inadequacy of their present health care delivery system; and to expand the educational process beyond the school and hospital.

In order to meet the community goals, medical histories are taken and physical examinations and screening tests are provided free of charge to all interested adults and children. Copies of all findings are sent, with the consent of the patient, to each individual's local medical doctor and to the local county public health department.

Adult screening consists of height and weight measurements,

vision testing, blood pressure, urinalysis, a thorough blood profile (VDRL, SMA-12, Hemalog-8), chest x-ray, EKG, immunizations, and a physical examination(which includes pap smears for women).

Pediatric screening includes height and weight, vision testing, blood pressure, urinalysis, needed immunizations, hematocrit (test for anemia), screening for parasites, and a physical examination. All lab tests and physical exams are performed by medical and nursing students under physician supervision.

The Health Fair visits each community twice during the summer. During the first visit, adult lab work and screening tests are done, and pediatric screening tests and physicals are done. The second visit comprises adult physicals and pediatric follow-up. This arrangement allows us to have the results of the adult screening tests as a diagnostic aid during the time of adult physicals. Since the bulk of the pediatric screening is performed by nursing students, these nurses are free after the first round of Health Fairs to return to a community to do follow-up work for the remainder of the summer.

The importance of the follow-up period cannot be overemphasized. During this time, the pair of nurses remaining in a community make arrangements for the children who had acute problems at the first Health Fair to return to the second Health Fair for continued monitoring. If their problem has been resolved, this is noted on the children's charts. If the problem persists, the child may be referred to his local medical doctor, or to the local public health department, or may be followed further by the two Student Health Coalition nurses.

In other cases, the nurses may do such things as dietary counseling; providing transportation for clinic appointments; helping a family find a specialist and making the appointment; checking to see that children who were referred to a private doctor or agency actually went for their appointment; rechecking urine specimens, earaches, sore throats and other infections; and just talking to concerned parents and children. In the long run, follow-up can only be as effective as the services which are available to the community allow.

Once the nurses leave the community, the existing agencies and facilities must take over the problems which were identified. In some cases, needed services simply do not exist; it is the hope of the Coalition that pointing out such weak areas will stimulate community concern to the point that the problem-solving process will be initiated by the community. The short-term goal of follow-up is to provide a model of continuing quality health care given by concerned and dedicated providers.

THE COMMUNITY WORKER AND COMMUNITY INVOLVEMENT

Community involvement begins with the initial invitation to stage a Health Fair, and grows as time for the Health Fair draws near. People offer their home for medical staff accommodations; cook meals; or aid in the actual operation of the Health Fair. Young people from the community are employed in such responsibilities as urinalysis, height, weight, eye screening, blood pressure, and registration. This participation is vital to the work of the Student Health Coalition: as involvement of the people grows, so does their interest and enthusiasm for finding a more permanent solution to health care needs; i. e., creating some kind of community facility.

The role of the community worker in this process begins with coordinating housing arrangements for the medical staff; providing transportation to the Health Fair for those unable to obtain their own; and working with the community to publicize the event. With the positive experience of competent medical service during the Health Fair and follow-up, and with the enthusiasm generated by possibilities of better health care, the role of the community worker eventually becomes that of a resource person. Interaction between community people offers the mechanism to achieve better health care; a group of committed and enthusiastic people emerges to form a community health council to provide an effective solution to health care problems.

PART III
PREPARATION

COMMUNITIES

The selection and negotiation of this year's communities represents the beginnings of some of the new directions which the Student Health Coalition may choose to take. The leadership decided early in the school year that the SHC should begin branching out into new areas. The primary work of the SHC had in the past been centered in the five largest coal-producing counties of Tennessee and in Lee County, Virginia.

While the SHC maintains its interest and contact with these established and establishing clinics, and may in the future find need to return to these counties, it seemed to be the appropriate time this year to begin making friends in new regions and to acquaint new places with health fairs and community clinics. Therefore, two of the three communities selected this year were in counties never before visited by a health fair.

Western Lee County

The 1975 Health Fair was the second fair held in the lower end of Lee County, Virginia. Since the Health Fair of 1974, the health council established there had met several times, conducted a survey throughout the schools to find out the general attitudes of the people concerning a clinic (What kind?, How it should be staffed?, etc.), and sponsored a Gospel Sing to raise money for incorporation papers and supplies.

The leadership of the SHC maintained contact with the Western Lee County Health Council during the school year 1974-75. In April, 1975, the council suggested that the Health Fair return for a second visit, along with two community workers who could assist the council in doing the necessary research and footwork. The Health Fair was viewed primarily as a means for building up community support. Therefore, upon the invitation and under the sponsorship of the Western Lee County Health Council, the SHC agreed to bring another Health Fair to Thomas Walker High School in Ewing, Virginia.

Description

Lower Lee County denotes an area which stretches for about twenty miles along Highway 58, and extends off the highway for about five miles on both sides. Unlike many locations which the SHC visits, Highway 58 is a well-travelled main highway, which offers fairly good access from the region to more commercial areas, such as Middlesboro, Kentucky. Lower Lee County is at the foot of the tall and fairly straight Cumberland Mountain Range, with most of the people residing within rolling hills.

The population of this area numbers about five to six thousand people, distributed widely over the approximately 100 square miles. Everyone either owns or rents their own farm; nearly every woman spends long hours during the summer canning beans, making blackberry jam, or otherwise preserving the fruits of family-sized farming energies.

It is not unusual, however, for men to be employed elsewhere; some of the residents drive trucks or teach school. In terms of socioeconomic status, there is a relatively large middle class (at least in comparison with other places with which the SHC has been involved). But, large proportions of the population maintain economic positions which afford little mental or physical comfort for the present or the future.

Churches are the best means for reaching a large number of

people. There are at least twenty-five churches in the area, including the very small chapels back in the hills. The church structure was important for publicizing events concerning Health Fairs, health meetings and other concerns.

There is one private physician in the area and the nearest hospitals are in Pennington Gap (30 miles away) and in Middlesboro, Kentucky (15 miles away). There is an emergency ambulance service covering the lower end of the county.

Dungannon--Scott County, Virginia

In March, 1975, Nancy Raybin and Mary Anne Attwell of Dryden, Virginia, approached the SHC with the idea of doing a Health Fair in a new community in Virginia. The hope was that another clinic might develop which could unite with the St. Charles Clinic, and thereby obtain better medical services, staff and credence for both.

In April, Mary Anne, a consultant for the SHC, began meeting people in Dungannon, Virginia, after having conferred with some of her contacts in Wise, Virginia. A meeting of the Dungannon Ruritan Club was called and attended by Mary Anne and the SHC leadership. Many questions were posed by the Dungannon community; the final attitude concerned "how can we insure that we'll get the Health Fair to come to Dungannon?"

On this basis and that of the responses of people with whom the Ruritans suggested we visit the next day, the SHC decided to bring a Health Fair to Dungannon.

Description

Dungannon and neighboring Fort Blackmore are quiet towns in the Clinch Valley. Outside the running of the school and a few shops in town, there are very few independent endeavors undertaken by the folks in these areas. Although every person we met was a warm and generous individual, self-assertion among peers and group action as a community were rare. In general, there was a great deal of detachment and passivity evidenced by the people to the forces around them.

Despite all this there was a cluster of lively and idealistic people scattered in the valley, who were concerned about the paucity of medical manpower and facilities in the area. Indeed, these people were concerned enough to invite the SHC to sponsor a Health Fair in the town of Dungannon.

Tracy City, Grundy County, Tennessee

The initial search for a community in Grundy County was prompted by the medical and economic statistics of the area. The SHC leadership first approached the Public Health Department in Altamont, which responded favorably to the idea of a Health Fair. Personnel at the Public Health Department gave the Student Health Coalition names of people in Tracy City to contact.

With positive responses from the people, the SHC decided that Tracy City would be the third community visited by the Health Fair during the summer. However, there was no formal organization or council of people in Tracy City which had convened to extend an invitation to the Coalition.

Description

Grundy County lies in the southeastern section of Tennessee, squeezed away from the Alabama state line and Chattanooga by Marion County. Most of the county rests on top of the two thousand foot Cumberland Plateau, which fosters warm summer days, cool summer nights and a somewhat slow growing season.

Access to the county comes by I-24, across the southwest corner, and by several other smaller roads extending from the larger towns in the surrounding area. Grundy County has an approximate population of 11,500, with the largest concentration of people--about 1500--residing in the southern tip of the county in Tracy City.

Tracy City is the center of trade for Grundy County; its economy is supported by a number of small businesses and a shirt factory, which is the largest employer in the area. Farming and the sale of livestock are the common livelihood of people living in areas outlying Tracy City. Numbers of people also travel to Chattanooga and South Pittsburgh for work. Notably, the unemployment rate for Grundy County this year was 13.2%.

Medical facilities "available" to folks in Grundy County are numerous; within the county are one medical doctor, three doctors of osteopathy, and a quasi-hospital operated by osteopaths. About twenty-five miles from Tracy City are hospitals and physicians in Winchester, South Pittsburgh, and Dunlap. Sewanee Hospital lies twelve miles away. And fifty miles away, hospital facilities and physicians are available in Chattanooga, McMinnville, Manchester and Tullahoma. The Public Health Department within Grundy County now has two clinics, one of which is the new Primary Care Clinic located in Tracy City.

Special Projects

Each year, the SHC sponsors smaller projects whose goals and scope vary widely. In general, the projects serve one of two functions: 1)research that a community group may be able to use, and 2)response to a direct need of some community group.

In the summer of 1975, the SHC sponsored six such projects: 1)Robbins, Tennessee Pediatric Screening Project. A Health Fair had gone to Robbins in 1974, at which time a health council had been formed. This health council viewed care of the community's children as their immediate health care priority. To focus on this end, the health council requested that SHC undertake a special pediatric examination project. This project was staffed by three May, 1975, graduate nurses: Diane Lauver, Linda Tyne and Anne Dierdoff.

2)Scott and Morgan County Oil Study. Prior research on property taxation and coal and land companies in this area had produced additional millions of revenue for local counties. Similar research had not yet been done concerning the oil industry, which is now beginning to flourish in these areas.

The East Tennessee Research Corporation, a non-profit legal aid organization in Jacksboro, which lends its assistance to developing clinics and community groups, suggested that SHC conduct such a study. The study was undertaken by Harold Katz, a law student, and John Troidl, an undergraduate from Brown University.

3)Crab Orchard, Tennessee. A Project Concern clinic has been in Crab Orchard for several years. In 1974, the SHC provided a community worker to Crab Orchard to help stimulate interest in developing a health council, since Project Concern was ready to pull out its support. In 1975, the health council requested SHC to allow this same worker, Jim Young, now a medical student at Vanderbilt, to return to help the council get established financially and administratively.

4)Lead Poisoning Project. This was a research project to determine whether or not lead poisoning is a problem in the rural areas of the East Tennessee, Southwest Virginia region. The lead poisoning project was conducted by Sherry Barron, an undergraduate from Harvard.

5)Parasite Project. This research project was to determine the extent of parasite problems in children in the region, and to assist Health Fair follow-up workers in the treatment of people attending the Health Fairs. This project was designed and implemented by a graduate from Harvard, Ellen Williams.

Both the Lead Poisoning Project and the Parasite Project were the ideas of Dr. Bill Dow, a pediatrician for the Mountain People's Health Council.

6)St. Charles Project. The main issue addressed in this project was the situation in Virginia concerning Appalachian Regional Commission(ARC) money and its allocation patterns. The project was requested by the St. Charles Health Council and was implemented by two law students from the University of Richmond, Ed Grandis and Dale Pittman.

The project was designed 1)to explore the reasons why so little Appalachian Regional Commission funds have been available to local community clinics in Southwest Virginia and 2)to research other possible channels of money sources. This project was designed by Nancy Raybin, administrator for the St. Charles Health Clinic.

Consultants

The SHC also paid several consultants for specified periods of time. John McArthur of Jacksboro worked with the Black Lung Health Center in Jacksboro, helping to get it established. Richard Greatrex of Wales, Great Britain, put together a health education presentation for use at the chinics. Mary Anne Atwell of Dryden, Virginia, worked in establishing a community base for the Health Fair in Dungannon, Virginia, as well as providing good resource material(a very complete booklet on Virginia agencies, people and resources) and resource base for the SHC workers in Virginia.

Recruitment and Hiring of the Medical Team

Recruitment of nursing students essentially began in September with a slide show and tape used to spread the basic information about the Student Health Coalition. Later in the semester meetings were held periodically to "brief" interested people on the progress being made toward the summer. Interested nursing students were told of the Pediatric Examination course that was a necessary pre-requisite to summer employment. We also had pot-luck suppers and softball games for those interested in working during the summer.

The hiring process began spring semester and was based on class attendance,interest, and attitude. A series of informal meetings was held just for interested nursing students to answer questions, explore past work experience of those interested, and in part to try and adjust expectations to a realistic level. All were encouraged to visit communities previously visited by the Coalition in order to get some firsthand idea of what the areas were like and more importantly to meet people like those we would be working with all summer. Week-end trips also enabled us to see

how the prospective workers interacted with the local people and generally how they responded to the area.

It must be emphsized that the hiring process was very subjective. Our main goal was to hire a cohesive, hard-working group who would also interact well with our target population. The qualities we were looking for are not subject to objective data. We relied heavily on our feelings.

Training

All nursing students and first year medical students on the summer staff were required to take a three hour a week, one semester, non-credit course in Pediatric Examination. The course was organized by the Student Health Coalition in cooperation with the Vanderbilt University School of Medicine. The SHC selected the course content, arranged the material in proper sequence, made up a class schedule and then invited specialists in the areas to be covered to lecture to the class. Each lecture was followed by a practical session for the purpose of learning examination skills such as reflexes, examination of the eye, examination of the ear, lab techniques, etc.

In addition, those students on the summer staff arranged for some clinicll experience which helped to tie all of their knowledge of examination skills together. Most students went on rounds with pediatricians associated with Vanderbilt University Hospital or worked in day care centers with medical students doing screening physicals under physician supervision.

Recruitment and Training of Community Workers

"Recruiting" of community workers took on a variety of forms. It was primarily a process of spreading word among the non-medical community that the SHC is much more than just a "health" project and that many others are needed.

The process began in September with the student referendum money collection (booth at registration, asking students to assess themselves an additional five dollars). Following this beginning came a myriad of smaller scale efforts--meetings for interested "new" people, pot-luck suppers and football games, numerous weekend trips to East Tennessee, and any other advertisement available (such as the weekly calendar of campus newspaper). In November, the SHC assembled, sponsored and ran "Appalachian Weekend", a weekend of crafts sales and displays, music, a home-

cooked country dinner, square dancing and Sunday church services. In addition to much fun and merriment and an opportunity for one of the health councils to raise some money on the dinner, Appalachian Weekend acquaints many students with the SHC, its goals and activities.

Through this somewhat haphazard means, students from the non-medical community were familiarized with the SHC. Those who responded were then taken on weekend trips to visit with some of the clinics, to ive them a chance to get a better "feel" for what is going on and to give the SHC leaders a chance to get to know the potential community workers better. Primarily, the SHC seeks out as community workers those who display a natural openness and responsiveness to people, a willingness to adapt and a capacity for the "savvy " of community dynamics.

Several community workers were recruited through other methods. They were out-of-state students who heard or read of the SHC and then wrote requesting information. Efforts were made to meet with all of these people in order to know them better as well as give them a chance to understand more concerning the work of the SHC.

Training of community workers extended little beyond all the "recruitment" activities. At the end of the summer, as evidenced in community worker evaluations, it was observed that preparation for community work can only truly come through the process of actually doing it; formalized training would only serve to inhibit the natural abilities of the students. However, in addition to weekend trips to the mountains, community workers were given basic backgounds into the history and problems of the region, into the history of the SHC and were afforded opportunities to talk with people who had been community workers in the past.

Orientation at Standing Stone State Park was seen primarily as a time when the staff could acquaint themselves with each other and establish good working relationships. However, separate meetings of the community workers and medical team workers were held once. At this meeting, community workers met with Bill Dow, Nancy Raybin and Cindy Lutenbacher, all of whom had the experience of being both community workers and project directors.

Nashville Orientation

One week prior to the first Health Fair an orientation session was held in Nashville for the medical staff. The purpose of this orientation was to give the staff some additional time for further instruction and practice in taking medical histories and performing physical examinations. Nurses and medical students had the opportunity to familiarize themselves with the specific forms we would be using during the Health Fairs throughout the summer, as well as to practice their techniques. Three mothers volunteered to spend an afternoon with the staff to be interviewed in a simulated health fair setting. Our group broke down into three small groups and the mothers rotated from group to group while different people within the groups took a medical history as well as watched and listened to two additional histories. The mothers gave us feedback about their feelings about the technique used, and the staff groups also commented on each member's performance.

Later in the afternoon three children arrived who had agreed to spend the afternoon being poked and listened to, for a fee of twenty-five cents an hour. All were children of the interviewed mothers. An abbreviated physical was performed three times on each child, with their privacy well protected. The children were very cooperative and seemed to really enjoy their afternoon with the medical staff. In fact, they all asked when they could come back and do it again.

This experience was later cited as very valuable by all who were in attendance. Later that evening our pediatric consultant went over each staff member's recorded history and physical with them in detail and answered all questions. We found this activity to be a very good introduction to the actual Health Fair routine.

The rest of the week was used to reiterate important concepts gone over in the Pediatric Examination course, to parctice skills such as giving immunizations and drawing blood, to review wach lab and screening test that would be performed at the Health Fair including normal results as well as implications of abnormal results, to learn the details of screening for parasites, and to get better acquainted with each other.

I feel that the Nashville orientation served many valuable functions. It was a time when many anxieties and uncertainties were relieved, self-confidence was given a boost, and the medical team began to get a feel for working together as a group.

STANDING STONE ORIENTATION

The orientation at Standing Stone State Park had three major goals. The first goal was to familiarize the staff with the social and economic background of the Appalachian region. The second goal was to explain last minute details and familiarize the staff with the day-to-day Health Fair routine. The last goal was to facilitate interaction between staff members and to promote a feeling of group solidarity.

The first goal was achieved through the use of historical movies and videotapes, and through group discussions with Dr. Bill Dow, co-director for development of the Center for Health Services; John Williams, lawyer with the ETRC; and Maureen O'Connell and Boomer Wienfrey, staff members of Save Our Cumberland Mountains.

Last minute details were discussed during group meetings with community workers and the medical team. The flow plan was reviewed, housing arrangements were explained, plans for setting up the Health Fair were detailed and last minute questions were answered.

During orientation week-end, free time was provided so that group members would have a chance to get to know each other and establish working relationships. Group activities included softball and volleyball games, hikes, and swimming; however, there were also a lot of opportunities for one-to-one conversation. We felt it was extremely important to emphasize this part of orientation since the group would be working together as a team for quite a number of hours during the summer. Comments from the staff later in the summer, in regard to orientation, were all very positive. All felt a large amount of free time during orientation contributed greatly to group cohesiveness during the summer.

MONEY

The SHC requires a financial base each year to pay for salaries, travel expenses, drugs and medical supplies, equipment rental and telephone service.

One of the main efforts then of the SHC leadership during the school year is procurement of this money, primarily through charitable foundations. The students must do all the proposal writing, seek out likely foundations and make all the necessary contacts. Specifically, this work includes: initial research in the Foundation Directory, telephone and written contact with the foundations, obtaining letters of endorsement from university officials, making trips to visit with interested foundation staff personnel and planning for the receipt of the money. In the case of moneys received from the Regional Medical Program, the entire contract was negotiated between the agency and the students.

Moneys for the 1975 SHC summer work were granted as follows:

Regional Medical Program:	$14,000
Jessie Smith Noyes Foundation:	$15,000
Center for Health Services:	$14,000
Benton Chapel:	$ 300
Joan Baez:	$ 2,400
Referendum(students):	$ 9,000

Supporters

The Student Health Coalition is very grateful to Vanderbilt University Hospital, the Tenessee Valley Authority, county Public Health Departments, and various pharmaceutical companies for their support and help to the summer project.

Vanderbilt University allows the Student Health Coalition office space in the Center for Health Services in which to hold meetings and carry out our day to day activities.

The Tenessee Valley Authority has generously provided us with several invaluable services. They donated for our summer use a mobile health clinic with an x-ray machine, EKG machines, and a blood-drawing laboratory, all of which were invaluable aids to us in performing our screening physicals. In addition, Mr. Jim Pullium, designer of the mobile clinic, worked with us to keep the mobile clinic working at its optimal level. His advice, patience, and helpful suggestions were a tremendous asset. The Tenessee Valley Authority also analysed our blood samples for us at their laboratory in Chattanooga, and assisted us in ordering many of our supplies.

County Public Health Departments provide us with VDRL supplies (blood test for syphilis) and stool cups (to test for intestinal parasites). Some departments also supplied vaccines and TB tests, supplies for PAP tests, and supplies necessary for testing for gonorrhea. The departments' regional laboratories supplied us with these test results. The Public Health Department is also used as a referral center.

Vanderbilt University Hospital provides us with many invaluable services including reading many x-rays, EKG's, and PAP smears taken at our Health Fairs. Eleven members of the house staff and faculty donated their time as supervisory physicians at some time during the summer. Their assistance is always much appreciated and their experience welcomed. We feel that the learning accomplished is mutual. More thanks goes to the hospital pharmacy for their efforts in securing various vaccines for us when desperately needed at short notice.

Many pharmaceutical companies donate various drugs and vaccines to us which enable us to treat some minor problems right at the Health Fair. Our medications are always dispensed by a licensed

physician and are given only for the time period during which follow-up occurs.

PART IV
COMMUNITY AND PROJECT REPORTS

THE CHRONICLES

Ewing Chronicle

When Mary and I arrived in Ewing there already was in existence a Health Council of approximately 10 people. The main thing that they had done since the health fair here last summer was to hold a gospel sing which raised about $500.00.

We arrived approximately two weeks before the health fair. The health fair had been invited back by the Health Council. The first four weeks of our summer in Virginia were all devoted to the health fair and discussion of what we were going to do. We attempted to tie in a lot of new people during this time but were reasonably unsuccessful. It was about halfway through the summer that we decided to orient ourselves toward tasks instead of goals and philosophy. We all hooed that projects and tasks would indeed involve a lot of new people and a lot more energy.

The kids in the community have little to do in the summer time. The first thing that Mary and I did was get a youth group going on their own fund-raising project. This was a hay auction, which proved to be quite successful, earning $1,000.

Then the Health Council broke down into three different committees: the Fund-Raising Committee, whose task was to raise money through various community projects to make a beginning; the Building Committee, whose responsibility was to search out possibilities for land, and to seek as much local labor and material donations as possible; and the Medical Reaseach Committee, which was responsible for looking into the needs for staff, equipment, grant monies and legal matters, such as council incorporation.

The main accomplichments of the Fund-Raising committee included the very successful hay auction (primarily done by the kids) and the even more successful barbecue (which raised $3,000). This event was more successful than one might imagine counting dollar figures. For the first time a really large number of people threw all their energies together for one cause, and a much greater number of people turned out to support them.

The Building Committee showed two major accomplishments by the end of the summer. They found a peice of land after much searching, which the Health Council decided to buy, and began formulating plans for building.

The Medical Research Committee was in some ways the most difficult committee to come together and in some ways the most important of all. By the end of the summer, the Medical Research Committee had just about completed its application to the National Health Service Corps for a doctor, and had become incorporated as a non-profit organization. The following are a few of the adopted by-laws:

1) At the annual meeting, (our first one will be in January '76), the membership, defined as those community prople who have shown interest in the project, elect nine board of directors who serve three years and are staggered between three geographical localities.
2) The membership always has the opportunity to call an unscheduled meeting and can veto any decision made by the board at such a time.
3) The board appoints committees and committee chairmen when needed. The committees are made up out of the membership. The committee chairman is responsible for filling the committee.

That is about where things were when we left. Mary was asked by the Health Council to stay on for a few months, which she decided to do, in order to help keep the ball rolling. I will be available at Christmas time if the council feels that they need me.

A lot happened this summer, a lot that cannot be adequately represented in a report. The main accomplishments of this summer's work and the hellth fair in Ewing were the development of a more cohesive and committed group of people; the expansion of the membership of the Health Council; the sparking of energies and enthusiasm of the council and many more; fund-raising successes; the land acquistiion and building plans; incorporation of the group; and the beginnings of the search for necessary staff, etc. Most importantly though, was the evolution of a floundering loosely structured group of people halfway considering what to do about the health needs of their county, into a group of citizens who were willing to put time and energy into meeting those needs.

Footnote:

The Health Council in Ewing continued its successful fund-raising drives in the fall of '75, while at the same time seeking clinic staff and making application to various resources such as the National Health Service Corps. Just recently they have had ground-breaking festivities for their community clinic.

Kevin McDonald
SHC Final Evaluation

I still cannot comprehend everything that happened in Dungannon and Fort Blackmore in the summer of '75, but I can present at least a chronicle of highlights. Dungannon is a quiet town in the Clinch Valley. Outside those involved with the school and the few shops, most of the area's people have been dependent upon some extra force to carry them along, be it the tenant farming system, a kind leader in the community, or welfare. Fort Blackmore, as best I could tell, had the same tradition. Thus, asserting the self among peers was contrary to habit. Furthermore, though almost every person we met was an incredibly warm and generous individual, giving as a group - acting as a community - was rare for them. Apathy and passivity indeed were great. Yet a cluster of lively and idealistic people lay scattered about the valley. All they needed was a rallying point and a push. They got both.

Part I - through the first health fair (weeks 1-3)

Just befor orientation, David and I spent five days together to discuss ideas for the summer. David read a bit about community organizing, and I read a bit on the history of the Appalachian people. We thought a lot about being guests and strangers, and about intervention into another culture. We agreed that we would do as invited to do - put on a health fair. And from there, if the people were happy with the direction we started to lean, we would probably continue. Exactly where we were going to lean was unknown, but I loved it; we were dealing with a live, spontaneous thing. Thus by the time orientation came, we were confident.

The confidence stayed with us in the community. We were quick to use the contacts made mostly by Mary Ann Atwell. We visited many people, some on reference, some at random. Mary Ann had sent home notes with school kids, and we advertised by radio, paper, and poster. From the start, however, we got the community to run the health fair. The community people arranged housing and food, a group cook-out on the night of the medics' arrival, and a hike on the last day. We had been lucky enough to receive sanction by the right people in the community. After these leaders got into the project, others chipped in their bit.

The fair was a big success, serving 1186 people in five days. We had to close a day early, and the medics decided they would accept only 60 patients on the last day they were to stay open. The panic shut-down bothered me, and I wish we had prepared for it in advance. But at least the health fair had ended and we

could breathe again.

Part II - through the second health fair (weeks 4-6)

Scott County was in a dire situation medically. Our job was to see that the people did not panic but instead moved with care. From time to time we called upon Nancy Raybin for advice, and we got some guidelines also from Bill Dow and Bill Corr. Locally, we started talking heavily with the 15 or so people in Dungannon and Fort Blackmore who could lead a drive for a clinic. (It was a clinic that the townspeople had been thinking of among themselves, even long before we arrived.)

Alone, people had been enthusiastic from the start. Now they were slowly beginning to reveal their opinions in groups of two and three. They told us of clinic conversations they had had with other people. It was clear that the people trusted us greatly. I suddenly felt responsible for having nudged them into acting, and I also felt uncomfortably powerful. So, to make our position clear, we explained where we as community workers were coming from. We said our role was to help medics with follow-up and to help the community do anything that would relate to what just happened (health fair). From then on, we only occasionally discussed the specifics of clinics and nurse practitioners. Mostly we just talked about getting organized. An organized goup would take care of details when it got ready for them. Crucial concepts to the people at this point were momentum and unity. We spoke to the Fort Blackmore Ruritans at a special meeting about the importance of the medics-community cookout they were to sponsor just before the second health fair. They saw the true role of the health fair, that of a catalyst. They knew that responsibility for building a clinic was slowly changing hands. The second health fair came and went without much fuss, only some sad goodbyes. About this time we arranged a meeting between community people and an Indian doctor from Wise County. At the meeting the doctor said he would help in any way possible. Community people agreed to get in touch with him later.

Part III - through the joint Ruritan meeting (week 7)

We had an informal chat with Fort Blackmore Ruritans in a farmhouse living room, to stimulate more thought on where the project was headed. The people knew it was their project at this point, so we talked about taking the steps toward organizing. Somebody in Dungannon had proposed a joint town-Ruritan meeting (a thing not done in a long time), so we talked about that for a good while. Back in Dungannon, we spread word of the meeting

proposal, and finally a date was set. We spent one evening chatting about the upcoming meeting with a group of Dungannon leaders, and everyone felt prepared for the get-together.

The joint Ruritan meeting was great. Again, the people were tuned in to all the concepts - unity, social momentum, and community control of the project. Then the Indian doctor burst in (on invitation) and said, "I'll get you a doctor in one week. All you have to do is get him an office and a $35,000 guarantee." We flipped. The doctor was trying to stampede the community into discarding the care and confidence it was gradually developing. Settling for a private doctor in town would have minimized if not wasted the power of their unity. But soon the Indian doctor left, the meeting went on, and the people agreed that a doctor possibility and a clinic were two different things. They set up one committee to interview the interested doctor and another committee to plan a community meeting. They set the time of the community meeting and went home.

For the few days before the community meeting, we dashed around to about everyone we knew who was interested, reminding them that a community clinic was a permanent possession, not a temporary treat like a doctor's office. They knew this already, but more discussion of it certainly did not hurt. We discussed the upcoming community meeting with people. We had an informal meeting with Fort Blackmore leaders one night, and the time was right to have the community meeting and elect a health council.

Part IV - the community, the Board of Directors meeting, and goodbye (weeks 8-9)

The community meeting was awark and choppy, but beautiful. The people were ready for it. A Baptist preacher opened the meeting with an invocation. The Dungannon Ruritan president turned the floor over to the Dungannon mayor, who directed traffic. From there, things happened so well that I ended up speaking just a few times, and then only to seek clarification. A Catholic priest gave his clinic spiel to the people. A member of the doctor's interview committee summarized the favorable meeting with the M.D. Nancy Raybin, by then recognized as St. Charles Clinic Administrator, and Bill Corr spoke a few words on unity, incorporation, and the role of a board of directors. The citizens watched a videotape on the origins of the East Tennessee clinics. The people talked for a while about what they should do, and then, quite suddenly, they elected an 18 person board of directors, with at least one board member from each main community in the county. The cross section of backgrounds was surprisingly diverse, including teachers, farmers, other employed and unemployed people, males and females, young and old. During the meeting the group began circulating a piece of paper, on which participants pledged donations, both open and specified. After the meeting the

board remained to elect officers and to plan a board meeting.

The board of directors meeting was even better. The president just kept pushing until all the business was done. Results of the meeting were: the name of the group -- Clinch River Health Services; a committee to get a lawyer started on incorporation; a committee to find land for a clinic; a committee to look into building costs for a clinic; and the appointment of "proven" fundraising captains from each community in the county, delegated to lead a door-to-door donations campaign. Members and non-members of the board were chosen for the committees. The board set up another community meeting for the following week.

I suddenly felt left out. My roles at the meetings had grown smaller and smaller. I uttered about three sentences at the board of directors meeting. I had mixed feelings about their trying to set up a doctor temporarily, but they decided to do things their own way. The board of directors was making its own moves, and it trusted Nancy Raybin and Mary Anne Atwell as reliable neighbors and resource people. It had the encouraging letters we had received from the Virginia Council on Health and Medical Care and from the National Health Service Corps, and it had the approval of the Virginia-Appalachian Health Services. It knew how to work with Scott County people, it had gained permanent friends in us, and it knew we would return in about six weeks.

There was nothing left for us to do. The community had a cookout for us, and the next morning we packed up and went home.

--Kevin McDonald
August 18,1975

The Odd Squad Goes to Tracy City

Grundy County lies in the southeastern seciton of Tennessee, s ueezed away from the Alabama st te l ne and Chattanooga by Marion County. Most of the county rests on top of the two thousand foot Cumberland Plateau, promoting warm summer days, cool summer nights and a somewhat slower growing season.

Access to the county comes by I-24, running tangent to the southwest corner of the county at Monteagle, Highway 56 leading south from McMinnville; Highway 150 leading north from Jasper; and highway 108 cutting a norhwest to southeast diagonal across the county. Grundy County has an approximate population of 11,500, the largest concentration of people, 1500, residing in the southern tip of the county in Tracy City.

Leaving orientation in the wake of a Charger, Jeff and I rumbled into Tracy City on June 2nd, met there by Kitty the following

day. Our foremost task was to find a place to sleep that night, so the first contact made was with the editor of the Grundy County Herald, Jim Nicholson. Cathy and Cindy had spoken with him in the spring. In addition to the volumenous publicity he gave us, he and his family were for us a refuge in the wilderness. He had written a lead-in article in his paper about the summer project. No one, save his typist, had responded to the plea of a summer's housing for three, so we settled for a hastily arranged, temporary set-up with a migrated car sales manager from Detroit. Kitty stayed at the Nicholson's.

The first two weeks were spent meeting people, gaining trust and learning about the city and county. Since we were not accredited by any local group, we decided our best bet would be to establish contact with, and work through, the churches. After initial meetings with the ministers we were barraged with invitations to suppers, meetings, and services. We were,in short, quickly introduced to Tracy City.

We had three lines of contact work going: speaking to church and citizen groups; standing in the food stamp lines; official organizations, leaders, and media. Our biggest concern was to establish a rapport with the elected leaders and yet not appear to the public as an extension of their arm or social services. We had a time reiterating "Health Fair" not "Welfare".

We were not sure how to enlist the support of the local medical profession, and we therefore put off any meetings. The physicians of Grundy County, though not personally involved with the Health Fair, were in agreement that it was an OK project. Suggestion: establish early rapport with medical community. At the community workers meeting in July, Bill Dow strongly urged when making final preparations before entering a community that medical people be visited in person, not just by letter; that they be given an opportunity to participate in the Health Fair, but have no say so in whether the Fair comes or not. I concur.

Final preparations for the Health Fair began a week before the crew arrived. Our biggest difficulty then was getting housing committments. People were for the Health Fair, but didn't think they could keep anyone. To solve this we called together a little housing committee. Out of five churches invited to participate, four were represented by person or by lists from their church of prospective housers. Each committee member had an assigned number of people to call. This was the first instance of interdependent work between us and community towards specific Health Fair needs. We also had a favorable recommendatoon form the Mental Health Board and the County Nutritionist in newsletters sent to their constituent groups.

HEALTH FAIR:

It was exciting to see the medical team drive up to the school the day before opening. No one knew, we three included, what response to expect from the community people the next day.

The first day we had registered 230. Jeff and I had slept in the school the night before amidst creepy crawler, and I think almost everyone was running on nervous energy.

There were several problem areas during the Health Fair. First, there was a shortage of community volunteers. I was not sure how much the health fair would depend upon them as extra halp and didn't know how many to recruit. We were told before hand that we could get up to as many as eight volunteers, as it turned out we needed up to twelve at some points. Another irritant was the lack of community concern for protection of the medical equipment during the night. In the future, a rotation schedule should be maintained to have someone staying in the school.

The biggest logistics problem that arose was that of enough space for examinations and for a pediatric aiting room. An examination room w s found okay, as was a "waiting room", but the latter turned into daily holocaust. Kids were very energetic. What can be done to constructively channel this energy and protect the property we've leased?

Kitty, Jeff and I spent a lot of time in registration and t various stations, mainly due to the lack of community volunteers. I believe the time was well spent, but I also believe that our main responsibility was not in the tasks department, but in the people department, engaging ourselves with the people who came to the fair. So far I've not hinted at the level of frustration the three of us had reached, not with the health fair but with the whole Tracy City scene. Why had we come? Medical needs? Foot in door or foot in mouth? One thing for certain: Tracy City was an atypical coalition venture.

After farewells to the medical team, the three of us cleaned up and assisted Marnie and Marta, the Nursing follow-up workers assigned to Tracy City, with their follow-up arrangements, had a party for community volunteers, then left for a much needed fourth of July rest.

Upon returning the three of us discussed goals for the rest of the summer. Several topics arose: a) to see if there was a group of community people interested in improving the health care of the community; and if this could take shape as organized suppc t for the new PHD clinic, initiating health education, etc., b) to find out financial, administrative, political information about the new clinic. This included arousing community people to seek out this information for themselves, c) to leave Tracy City in search of possible health fair sites for next summer, d) to compile helpful information for future community workers entering a new area.

We worked very little with Marnie and Marta on follow-up, though we did keep in touch. Our energies were directed towards researching the primary care clinic and searching for potential future health fair sites. We went to the Chattanooga regional PHD office but received only sketchy information about the clinic. Further attempts to meet with a more knowledgeable official ran aground in schedule conflicts and sickness.

The Tuesday that Kitty, Marnie and I left for Lake City for the community workers meeting, Jeff went off to Nashville to research statistics on counties he was planning to explore. At out meeting Kitty and I got a lead for our primary care clinic endeavors from Bill Corr. A citizen group in Lynchburg, Tennessee has assumed control of their PHD primary care clinic.

THE HEALTH FAIR RETURNS:

Skeptical at first of the new, cut back screening procedure, we appreciated it by the end of the week. I went to Lynchburg to talk to the administrator of their clinic. Jeff and Kitty worked at the school, getting people to fill out a questionaire exploring their foreknowledge and interest of the clinic and its services, and to see if they would be interested on meeting with citizens from Lynchburg to find out more about primary care and community involvement. Many people favored the new clinic and felt it would be a good thing, a few were irate about the neglible publicity for the clinic.

Jeff and I went again to Lynchburg, this time with Mr. Herman Casey from north of Tracy City, to look at the clinic and told with the administrator. It was noted then that the primary difference between the clinics of Lynchburg and Tracy City was that of organization: Lynchburg had already had a health council which applied for their clinic, Tracy City had had no such organization. Rather, the clinic was laid on the community with consent of county and city officials. A meeting was set up among Tracy City folks to discuss the new clinic.

THE MEETING:

Twelve people came, an interested twelve. The administrator talked about primary care but focused on the need for community involvement, and then fielded questions. It was only by great restraint that Kitty, Jeff and I kept ourselves from nursing the meeting.

The group made several decisions. First, they decided that the clinic was going to be an invaluable service and that they had better support it. Second, they decided to continue correspondence with the clinic people in Lynchburg, to use it as a resource for organizational ideas. Third, they decided to meet again, on the evening of the clinic's Open House, August 19th.

PROBLEMS:

I found out later, in talking with Mr. Casey, that they had made plans in error. He had assumed, as possibly others, that no organizational work had yet been undertaken for the clinic, i.e., financing, staffing, etc. He had also discovered from the county health agent that an advisory board already existed for the joint Grundy-Marion counties project, though not throughly representative of the area. Everything had been taken care of by the PHD. The only possibility at present was to get space on the advisory board, a course of action Mr. Casey is considering.

I returned on the 18th of August for the Open House. Seventeen people showed up. Fifteen of them were PHD related. Two were interested citizens. One of those was the local physician. The public health educator was concerned about the attendance but more so about community reception. He is interested, I believe, in community participation. Time will tell whether the PHD blossom will bloom or whither. It is a good facility. It had funds to stand on its feet for several years. The main question is whether or not it will be integrated into or segregated from community desires.

Robbins Pediatric Screening Project--1975 Evaluation

Diane Lauver, Special Project

With the encouragement of Larry Balleine, Vanderbilt University Divinity School Graduate(1975) and minister-preceptor in Robbins, the Hihhland Health Council requested that SHC return during the summer of 1975. Learning of this interest, the Student Health Coalition (Bill Dow, Cindy Lutenbacher, Dale Strasser, Becky Walker, Cathy Barrow and Diane Lauver) suggested that the Highland Health Council request specifically what services the community group desired and needed.

I was impressed with the HHC's ability to narrow such desires; they requested pediatric examinations for a two month period. In accordance with the Highland Health Coalition's requests, I accepted the following general goals for the Robbins Community during the summer of 1975:

(1) to improve the health care of children in the area,
(2) to promote local awareness of the HHC and its interests,
(3) to strengthen community support through building individual committments.

To meet such goals, a Pediatric Screening Program for children under the age of fifteen was developed. Over the summer, it provided complete screening for nearly 225 children. Two to three

baccalaureate nursing graduates supervised the following : Snellen and auditory checks, heights and weights*, dental education and flouride applications, urinalysis* and stool cultures, histories with physical exams, hematocrits and immunizations. The starred services and registration duties were provided by local volunteers--high school girls from 15-18 years of age. The two nurse coordinators were Diane Lauver, who had worked on the Health Fair team in 1974, and Linda Tuyn, graduate nurse from Georgetown University (1975) and new to Tennessee and the SHC. Follow-up care for specific problems was provided throughout the summer.

Given the aforementioned personnel and goals, the summer objectives were not maximally achieved. In attempting to match talents with needed workers other than nursing personnel. Because goals encompassed other than technical medical services, the project needed to have someone to help provide community resources.

Overall, goal number one was best actualized, and goal number three was least covered. Only 225 children were seen, because early communications about publicity were poor,and because Larry Balleine had to leave unexpectedly. Local interest and awareness were eventually promoted--at the end of the summer we had more demands than we could meet; however, with more and varied community effotts, goal number two could have been better met. Concerning goal number three, it seemed that our presence in the community served more as a supportive force for those presently involved, than as a stimulus for new energies. This latter development needed further encouragement.

Robbins Pediatric Screening Project--1975 Evaluation

Anne Dierdorff

...Diane and Linda and I were all in a very difficult position, as we felt that we needed to accomplish the goals that were set at the beginning--to encourage and aid the health council in resources and, at the same time, to defend and support the health council in its actions, without interfering with its mode of decision-making.

In regard to the functioning of the Robbins Health Council, this was a difficult proposition. As a group, the council seemed to function minimally, with dissipated aims and little contact with the needs of the community.

A community worker could have played a large part in dealing with these concerns and, thus, would have been most beneficial and improtant to the council. It was not simple or effective for us to be both nurses and community workers, not so much because there was little time or because it was not our job (because I do think it is

very important for a nurse to be aware of and involved with community needs), but the comminity and council did not see our functions to be such. However, I believe (and all three of us agreed), that it would have been more beneficial to the community, and to us as a whole (in projecting the long-term goals), to have carried out more follow-up care.

This follow-up care would have perhaps resulted in two consequences: (1) getting down to the core of health problems as the people in the area see them, thus providing a broader base for the continuity of care, and (2) increasing the distribution of health services themselves and the knowledge thereof.

However, the follow-up we did was minimal. So, in summarey, it would be correct to say that the summer's goals were not met to the extent that they could have been had other means and personnel been employed; the community's health needs were met in a small way; and individual members of the community came to understand the full meaning of health care.

Most of all, we learned. Hopefully, the work we did this summer provided a small piece of a much larger and yet incomplete puzzle.

Lead Poisoning Special Project

I came to East Tennessee because of a program at my school which placed students for 8-12 months in rural health care settings. Bill Dow heard of this program and suggested that two students come down.

Bill had in mind a lead poisoning project for me to do. He had found two children in East Tennessee clinics who had high blood lead levels. This was thought to be caused by the children's families having formerly lived in a city. The cases of the two children seemed to point to a problem. My project was to see what could be done about that problem. The project never fully developed for several reasons.

There are several ways of testing for lead poisoning. The most thorough is through a macro sample of blood. This method, however, was to be avoided unless the problem looked acute. The other ways of screening are by using teeth or hair. There are many problems inherent to these methods: hair may have been cut since living in the city, a large sample of hair is necessary, and baby teeth are not readily available. I felt that the nurse practitioners and dentists of the region would have a better chance of obtaining samples. However, as it is, nurse practitioners have enough difficulty getting stool samples and area dentists pull baby teeth at the rate of about one per month.

At any rate, I feel it is important to continue to build up a sample of baby teeth to determine the extent of the problem, but this will probably take another couple of months. Dave Wilson, Vanderbilt specialist in lead poisoning, gave a lecture to the nurse practitioners so that they are well aware of what to look for in their patients.

Over the summer, it bacame apparent that the problem of lead poisoning would never be too widespread, and I began looking to develop a new project. During the health fairs I was impressed by the local community kids' enthusiasm in working at the health fairs. I thought that their enthusiasm could be used to further health education and utilize their personpower. In Stoney Fork, the site of a community health clinic, the people are facing a problem of having too few patients. I felt that by utilizing local kids for outreach, the clinic's patient population could be increased.

During the last month of the summer, I began training eight Rosedale kids, 13-17 years in age, to perform some of the major screening tests. These kids will be putting on a health fair later in September in the neighboring community of Rosedale. The goals of the program are to provide health education and to involve other communities besides Stoney Fork in the clinic in order to increase the patient load. Currently, training of the kids is going very well and the enthusiasm of the community is high.

Parasite Project

Ellen Williams spent the summer working on a project dealing with the problem of intestinal parasite in the area. Ellen spent most of the summer at the health fairs coordinating parasite screening there. That included passing out stool containers, performing simple laboratory tests to check the dependability of results from the laboratories, and talking with parents about parasites at the fairs and in their homes.

Ellen also worked with local health councils with regard to parasite screening. The nurse practitioners in the area clinics screened all of their pediatric patients for parasites. At some clinics as much as 30-40% of the patient population had worms. Patient education regarding parasites was discusses at several of the weekly continuing education sessions held by providers in the area.

Near the end of the summer, a packet of excellent educational materials on parasites became available. This has since been used at local health council meetings and at one film-showing for children. Hopefully, this material can be used more fully in local schools this spring.

Synopsis of the Activities of the Vanderbilt Student Health Coalition Community Worker in Crab Orchard, Summer, 1975

Most of the summer of 1974 was devoted to the organizational development of the health council. Beginning in the fall, however, Ms. Patricia Kalmans of the East Tennessee Reasearch Corporation began assisting the council in more technical matters specifically involving the clinic program.

When I returmed to Crab Orchard this summer, I took up where Ms. Kalmans had left off, devoting most of my time to fund-raising efforts directed at private foundations, local charity organizations, and government agencies. Unfortunately, however, the results at this point do not seem commensurate to the time and energy spent in this endeavor.

Very little in terms of tangible support has yet to appear, although indications in several areas are very promising. In addition to fund-raising efforts, initial contacts have been made with the local medical society for its approval of the primary care project and for physician back-up of the nurse practitioner. Pharmacy back-up has not been confronted as a really pregnant issue, although some initial contact has been made with a local pharmacist in Crossville.

Scott and Morgan County Oil Research Study, Evaluation

Summer, 1975
Harold Katz

Goals and Accomplishments of study

This project began as a general investigation of the crude oil production industry in Scott and Morgan County, Tennessee, with a special focus on the relationship between this industry and local and state revenue. Other areas of inquiry into the question of why East Tennessee's gas resources are not being used to meet the area's current "gas shortage".

Although all the questions raised during the course of the study were not completely answered, we did succed in discovering certain irregularities and inequities in regard to the taxation of Tennessee's oil industry. We also gained an overview of the impact of this industry upon Morgan and Scott county, and we identified issues and problems which are appropriate topics for further investigation. However, partly due to a lack of time, we did not accomplish our goal of initiating community action based upon the findings of our study.

Consequently, there is a strong possibility that this project

may never develop into anything more than an academic paper concerning one force which affects the lives of the citizens in Scott and Morgan County. If such proves to be the case, the value of this study will have been minimal.

A complete analysis of our goals, findings and recommendations may be found in our report on this projedt which is on file with the Vanderbilt Student Health Coalition.

Summer, 1975
John Troidl

This summer, Harold Katz and I worked on a special project on "The Development of Oil and Gas Resources in Tennessee." Essentially, we were to discover any significant occurrences in the oil and gas industry in Tennessee and to determine the industry's effect on people in the area.

Neither Harold nor I knew anything, or very little, about the oil industry. So, most of the summer was spent learning about:

1) taxation of the oil industry
2) property leases and deeds
3) technical and economic aspects of oil (and gas) production
4) environmental hazards associated with oil production
5) sources and non-sources of information (anything from ETRC to the Division of Property Assessment to the Scott County Tax Assessor)
6) whether the industry is employing local people.

Less specifically, but more importantly, we learned how to feel out the community for its opinions and bits of informaton about the oil and gas industry. We interviewed everybody under the sun who was in some way connected with the oil industry. Unfortunately, a good deal of interviewing and research needed to be done so that Harold and I could have even some idea of the situation in Scott and Morgan Counties. That left us with relatively little time to really talk with local people, and little time to give them an idea of what we had found.

We have been able to talk at two SOCM meetings and to a number of community people, but I just don't think that oil and gas is what people are talking about on their front porches. In that regard, our project was a semi-failure--unless something can be done to continue the work that we started.

Saint Charles Re search Project

The St. Charles Special Project consisted of a study of the status of health care funding in Virginia through ARC. Also, the feasibility of other avenues of funding was explored, e.g., bank loans and foundation grants. The basic goal was to get a grasp on the nature of the bureaucracy of ARC in Virginia as it functions at state and local levels. We hoped that the St. Charles clinic, and other Southwestern Virginia groups, would be in the position to properly take steps necessary to procure needed monies. A greater understanding of the bureaucratic nature and functioning of ARC was achieved, along with an appreciation of the official personalities who must be dealt with. To this extent, I hope our work made a positive contribution. However, no funding has yet been obtained in Virginia from ARC; this indicated th need for much more in the way of investigative research and both formal and informal lobbying in the state. Special projects of such a nature should continue.

PART V
PROJECT EVALUATION

EVALUATION OF THE SHC

As is so often noted, any organization such as the SHC must continually engage in self-analysis in order to attempt to correct past faults and mistakes and, more importantly, to gear its future group to deal with changing social conditions. Student workers were required to write evaluations of the summer's work, not only for their sake, but also for the sake of future leaders and workers. The

following section is a summary of their suggestions and criticisms.

Workers were also asked to meet at Big Ridge State Park for a day and a half evaluation session. At this meeting, while we were all still in the heart and midst of our work, we complained and criticized and offered suggestions for improvement, we chose new leadership for the coming year, and we dealt with the deeper questions of why we were doing what we were doing.

Of course, there are no conclusions easily drawn from such evaluation. The feeling was strong that the SHC should continue with its work and should continue to try to better itself. Suggestions and criticisms are, in part, found in this section. The value of the SHC is only approximated by what has occurred in the communities and by what the workers have said in their evaluations.

SUGGESTIONS AND CRITICISMS

Health Fair (Community Workers)

1. Too many people were seen at each health fair - instead of a quota system or screening system, community workers should limit the area of advertisement. This affords the opportunity for more personalized, detailed care.

2. Utilize the long waiting periods better - e.g., show health education films, interview people about local health care problems. This is a useful time for community workers to meet people and to learn about health care problems of the area. (This should be done the first health fair. The second fair is a bit late for gaining this kind of information..)

3. Be sure that people know that the "fair" idea does not mean that (a) students are gaining experience off poor people and (b) examiners are not taking their job seriously.

4. Make sure community people know in advance that the fair will only be able to see (X) number of people.

5. Make sure lab testing (especially urinalysis) is kept neat at the different health fair stations. People notice...

6. Better organization of housekeeping tasks is needed - clean-up at the end of the day, staying with equipment at night, food clean-up, etc.

7. Medical workers need more time to spend knowing and enjoying these communities! If we hope to get any of the medical team to come back, we must realize that there's more to rural health than work!

Health Fair (Special Project Workers' Suggestions)

1. Tell the people at the Health Fair exactly where they are going (different stations) and what they are doing. Minimize the chaos!

2. There should be better scheduling of vacation days, etc.

3. Something to do with the waiting time.

4. Be sure the medical team had time in the communities to be with the local people.

5. We need more health education emphasis at the Health Fair.

6. Better management of supplies is needed.

Leadership (Community Workers' Suggestion)

1. One of the most important tasks of the leadership is to critically evaluate the SHC - its effect on students and communities.

2. Keep communities up to date with other fairs, especially if changes in fair "operations" are being made.

3. Set up one or two meetings of all community workers to get together with different resource people such as Bill Dow, Nancy Raybin, and Bill Corr, and to allow community workers to get together to sound out frustrations.

4. One of the responsibilities of the leadership is to facilitate communication between the medical team and community workers; also, to see to it that one community worker is free to do PR work during the fair.

5. Be sure to personally visit all local medical people and facilities, not to ask them if the health fair would be okay, but to tell them it is coming.

6. In choosing new communities, be sure to negotiate with those of the greatest need.

7. Communicate to the medical team what is happening in the different communities in the course of the summer.

8. One leader should be available to spend more time with the community workers in the community.

(Special Project Workers' Suggestions)

1. Divide up the responsibilities more and dole out jobs.

2. Try to hire more female medical students and male nursing students.

Orientation and Preparation (Community Workers)

1. Be sure community workers and medical teams gain better insight into what each other is doing - perhaps have each group meeting separately at different times so that each group can attend the other's meeting.

2. Get Bill Corr to attend orientation - for community workers.

3. Let community workers know of the existance of local clubs and organizations in the communities.

4. Make better the transmission of knowledge concerning available resources and resource people.

5. Have more meetings with resource people such as Bill Corr and Bill Dow earlier in the summer (for community workers).

(Special Project Workers)

1. Spend more time at orientation explaining the history of the Coalition and why its long-range goals are important - e.g., community control, etc.

2. Stress the importance of the future beyond health fairs, beyond special projects.

Special Projects

1. Projects should be designed more specifically in response to local groups.

2. There needs to be more background work done prior to the summer for the special projects which are research oriented.

3. Hire special project workers by February.

4. There needs to be more communication between special project workers and the SHC leaders during the summer.

5. The goals of the special projects should be made more specific.

6. More attention should be given to orienting special project workers, to their living arrangements, and to their knowledge of available resource people.

7. More consideration should be given for follow-up on the projects after the summer is over - what will become of the energies put in over the summer?

8. A clearly defined project is important for students who are new to the area.

SHC in General

1. Serious consideration must be given to the problem of community workers working for only 2 1/2 months helping to pull together a community group. Perhaps a larger commitment needs to be made - at least to give the community group resources and to be available for information.

2. Hire someone to raise money for the SHC next year.

3. The SHC should have some coherent information on clinics and their operation - the business end of it.

SUGGESTED CHANGES FROM THE MEDICAL PERSONNEL QUESTIONAIRE

Training

1. Provision for more experience in doing physical exams prior to the summer.

2. More time for classes and case discussions during the summer.

3. More specific job description for each individual.

4. Assignment of one person to train community helpers in the health fair and to monitor their performance.

5. Setting up visits from more clinical specialists for teaching.

6. More time during orientation to be spent going over the charting systen to ensure uniformity of results.

8. Provision of a Gynecology consultant for the adult round of physical examinations.

9. Teach each staff member to do what lab work is necessary.

10. Provide a clearer and more specific outline of the follow-up procedures.

Health Fair Format

1. Try to decrease the registration time.

2. Provide more staff.

3. Delegate the different tasks more widely among the staff.

4. Devise a better system for recording results and getting them back into the charts.

5. Put together a screening, pediatric history questionaire for the family to fill out while waiting.

6. Determine a limit to the number of folks to be seen in a community and to publicize that information.

7. Design a standart exam that is a true screening procedure.

8. Try to make the people's waiting time educational.

9. Try to get more doctors involved.

10. Hold group meetings every two days.

11. Establish a greater communication with doctors in the surrounding area, prior to the health fair.

12. Eliminate letters to docotrs, except in folks with abnormal findings.

13. Design a more extensive adult history form.

Schedule

1. Allow for more free time, working only eight hour days.

2. Provide one day after each town for charting and filing, and two days between pediatrics and adults to finish up the pediatric charts.

3. Spend a longer time in each town.

4. Change housing arrangements each time through a town.

Supplies

1. Provide more vaccines and more microscopes.

2. Provide DDST forms, head circumference tapes, and ear curettes.

3. Design a better system for keeping track of supplies and vaccines.

4. Provide flagyl, topical mystatin, topical corticosteroids, oral mycostatin, actified iron, piperazine, and ampicillin in suspension.

5. It is unnecessary to carry any drugs.

6. Provide for scotch tape perineal tests on all kids.

7. Obtain immunization cards from the Public Health Departments.

Good Things to Save

1. The week of intense orientation in Nashville before heading out.

2. Regularly scheduled group meetings.

3. Rotating the staff through the different jobs.

4. The quick screening set-up for those who do not want the full history and physical, and the Pap team associated with it.

5. Nursing and medical students on equal footing.

6. A compatible, hard working, medical team.

7. Orientation week end at a state park with free time to get to know the co-workers better.

8. Trying to see everybody who comes to the health fair.

General Impressions

The summer was a tremendous learning experience for all involved. There were many obstacles to overcome, many problems to be dealt with, many unexpected minor crises to face. Both successes and failures were plentiful. I saw the group itself as the Coalition's biggest strength. Cohesive, hard-working, tolerant of far less than perfect working conditions, each individual made his or her contributions unceasingly. I think most people who have ever worked for the

Coalitition would agree that it is a tremendously hard experience to share with someone who has not been through it with you.

In looking back over this past summer I find the biggest problems were in the area of accountability. I find myself largely responsible for this and can justify it only by saying that it was a personal weakness graphically pointed out to me by a summer's experience. More responsibility should have been delegated to others in the following areas:

1) transporting x-rays and EKG's and making sure they were read and returned to the communities in time for adult exams,
2) returning blood results to the charts should have been better systemized to minimize missing or misplaced results, and
3) TB test results should also have been better systemized, with results being recorded on the charts the same day the tests were read.

These problems could have been avoided or reduced with better planning and administrative organization.

On the other end of the spectrum, less responsibility should have been given the group in certain areas of decision-making. In an attempt to give the group a high degree of input into administrative decisions, discussions often went on at great length, only to have the final decisions made by the co-directors at the time of impasse. This could have been avoided by presenting new policy to the group already made. Objections, comments, criticisms, or support could have been presented at that time with discussion being based on an already established policy rather than a jumble of ideas.

Both of these accountability problems created unnecessary tensions and added work. Many screening test results were missing from the charts, some x-rays and EKG's were not in the communities on time, work sessions had to be added to already too long days in order to get the clerical work done, and group meetings sometimes became marathons. For the future, these problems can most likely be remedied by more careful planning and clearer delineation of responsibilities.

In spite of the difficulties and rough spots, I must say that the overall summer experience was a very good one. The summer staff was a delightful collection of individuals, and my finest and fondest memories lie with them. The Student Health Coalition offers a unique opportunity in learning and I am very grateful for its many lessons.

Cathy Barrow
Co-director, 1975

PART VI
APPENDIX

Staff -- East Tennessee Student Health Coalition, Summer, 1975

Medical Team Coordinator - Cathy Barrow
Health Fair/Community Coordinator - Cindy Lutenbacher

Pediatric Examiners
Sandi Bostrom Denver Col Col.
Tish Crane
Alison DeWalt
Marion Fitzsimmons
Susan Harrell
Becca Joffrion
Barbara Lackay Denver Uof Col
Pam Momenthy
Marta Murphy UT
Debbie Stewart

Adult Examiners
Van Bogus Denver Colorado
Whitney Greer
Jim Hartye
Charles Lutin Duke
Stew Mann
Joe Marino Notre Dame
Parker McRae
Tim Nolan
Steve Podgorski
Adam Rosenberg
Paul Rosenblatt
Rick Soloman Case Western
Vernon Vix

Community Workers
Western Lee County - Dale McBrier
Mary McCormick not V Cindy
Dungannon - David Cheatham
Kevin McDonald
Tracy City - Jeff Heck
Paul Joffrion Duke
Kitty Taimi

Special Projects
Robbins - Anne Dierdorff
Diane Lauver
Linda Tuyn no idea
Crab Orchard - Jim Young
Parasite Project - Ellen Williams Harvard
Lead Poisoning Project - Sherry Barron Harvard

Drugs and Supplies - Wally Balon Notre Dame
Laboratory - Debbie Dunlap Notre Dame
Registration - Sara Hamric
Pediatric Consultant - Frank Pacosa

Special Projects (con't.)
St. Charles - Ed Grandis
Dale Pittman
Oil Study - Harold Katz
John Troidl
Video Consultant - Richard Greatrex
Virginia Consultant - Mary Anne Attwell

STATISTICS

The following statistics were compiled from a random sampling of charts from adults and children in the two new communities visited by the SHC in the summer of 1975. I have included notes or explanations where I know the figures to be either inaccurate or abnormally high or low. In addition, I feel I must add that our charting system was not organized with this kind of statistical analysis in mind. The history and physical forms used for recording data left examiners great flexibility as to what to record and in how much detail. Both histories and physicals varied greatly with each examiner, each one having a vastly different style of recording the resulting information.

Cathy Barrow
Medical Team Coordinator

Not read/not given - This percentage age is so high because much of the time we did not have PPD available to test. The Virginia Health Department did not supply us with vaccine this year which meant that we were delayed in getting an adequate supply. In addition, some people who received skin tests did not return to have them read, possibly to avoid a long wait.

Abnormal EKG - These cases are those which do not indicate any of the other problems on this list. In other words, someone with ischemic heart disease is listed only there and not also under abnormal EKG.

Parasites - This percentage is low because many of the children did not return stool specimens. Also, we found when we tested the specimens ourselves that about 30% were positive. This procedure proved too time-consuming for us to continue and we relied on PHD results which were much lower than ours.

Anemia - Hemeatocrit of less than 34, if less than or equal to seven years. Hemeatocrit of less than 36, if greater than seven years.

Tetanus - Many patients did not have this information recorded on their charts.

Last doctor's visit greater than one year - The actual percentage may be much higher. Many parents did not have this information recorded on their charts.

Obesity - The actual number of obese patients was much higher than this figure indicates. Many examiners did not include obesity on the patient's problem list, and thus it was not figured into the data.

Dental Problems - same as above

PEDIATRICS

	TRACY	DUNGANNON
MALE	52%	44%
FEMALE	48%	56%
LAST DOCTOR'S VISIT MORE THAN 1 YEAR	27%	22%
DPT-DT (up to date)	82%	70%
needed, not given	1%	5%
given	4%	5%
MEASLES(RUBELLA) (up to date)	60%	68%
needed, not given	0%	0%
given	3%	1%
POLIO (up to date)	70%	65%
needed, not given	0%	4%
given	7%	4%
TB - POSITIVE	0%	0%
NEGATIVE	11%	9%
not read and/or not given	89%	90%
PAST POSITIVE HISTORY	0%	1%
ANEMIA	10%	14%
PARASITES	7%	5%
PHARANGITIS (BETA-STREP)	1%	1%
(NONSPECIFIED)	3%	4%
OTITIS MEDIA	1%	1%
ALLERGIES	0%	18%
URINARY TRACT INFECTION	0%	5%
SKIN DISORDERS/INFECTIONS	12%	6%
HEARING, SPEECH, READING DEFECTS	7%	4%
VISUAL DEFECTS	8%	12%
SMALL FOR AGE	3%	4%
MENTAL RETARDATION	1%	1%
DENTAL PROBLEMS	7%	22%
URI	1%	0%
OBESITY	12%	4%
SCOLIOSIS	2%	1%
EPILEPSY	2%	1%
ENURESIS	9%	2%
EMOTIONAL PROBLEMS	7%	2%
PHIMOSIS	9%	0%
CHRONIC RESPIRATORY INFECTION	0%	3%
SIGNIFICANT PROTEINURIA	1%	1%
NO EXAM	0%	10%

ADULT

LOCATION: TRACY CITY

	MALE					FEMALE				
	<25	25-40	41-60	>60	tot.	<25	25-40	41-60	>60	tot.
LAST DR. VISIT > 1 YR.	0%	4%	6%	8%	18%	0.5%	1%	6%	2%	9.5%
TETANUS UTD	1	8	10	4	23	5	2	6	1	14
needed, not given	0	0	0	1	1	0	0	1	0	1
given	0	3	19	20	42	3	5	15	7	30
TB - POSITIVE	0	2	9	6	17	0	0	1	0.5	1.5
NEGATIVE	2	10	12	14	38	3	3	13	8	27
not read/not given	1	9	11	9	30	8	18	21	9	56
past + hx of TB	0	2	4	3	9	1	1	5	2	9
VDRL - POSITIVE	0	0	0	1	1	0	0.5	0.5	0	1
SKIN DISORDERS, INFECT.	0	1	1	0	2	0	0	0	0	0
NEOPLASM - SKIN	0	0	0	1	1	0	0	0	0	0
OBESITY	0	1	0	0	1	1	0.5	1	1	3.5
ANEMIA	0	0	0	0	0	0.5	0.5	0	0	1
MENTAL RETARDATION	0	0	0	0	0	0	0	0	0	0
OTHER PSYCHIATRIC	0	1	0	0	1	0	0	1	0	1
STROKE (CVA)	0	0	0	1	1	0	0	0	0	0
EPILEPSY	0	0	0	0	0	0	0	0	0	0
IMPAIRED VISION/HEARING	0	1	0	4	5	0.5	0.5	1	1	3
HIGH BLOOD PRESSURE	1	4	8	4	17	0	1	10	6	17
ISCHEMIC HEART DISEASE (ANGINA/MI)	0	0	0	0	0	0	0	0.5	0.5	1
CONGESTIVE HEART FAILURE	0	0	0	0	0	0	0	0.5	0	0.5
COPD (EMPHYSEMA AND CHRONIC BRONCHITIS)	0	1	2	12	15	0	0	2	0	2
PROSTATISM	0	0	3	5	8					
ABNORMAL PELVIC						0	1	2	0.5	3.5
ABNORMAL PAP						0	0	0	0	0
OSTEOARTHRITIS	0	0	1	0	1	0	0	0	1	1
RHEUMATOID ARTHRITIS	0	0	0	1	1	0	0	0.5	0	0.5
DIABETES MELLITUS	0	0	1	2	3	0	0	0.5	0	0.5
PULMONARY NODULE (C-X-R)	0	0	0	0	0	0	0	0	0	0
URINARY TRACT INFECTION	0	0	0	0	0	0	0	0.5	0	0.5
ASTHMA	0	0	0	0	0	0	0	0	0	0
CANCER HISTORY	0	0	0	0	0	0	0	1	0	1
DENTAL PROBLEMS	0	0	1	0	1	0	0	0	0.5	0.5
ELEVATED CALCIUM(SMA-12)	0	0	0	0	0	0	0	0	0	0
ELEVATED GLUCOSE	0	1	0	2	3	0	0	2	0.5	2.5
ELEVATED CHOLESTEROL	0	1	2	0	3	0	0	0.5	1	1.5
ELEV. TOTAL PROTEIN	0	0	0	0	0	0	0	0	0	0
ELEV. ALK. PHOS.	0	0	0	0	0	0	0	0	0	0
ELEV. SGOT	0	0	1	0	1	0	0	1	0	1
ABNORMAL EKG	0	0	5	3	8	0	0	1	2	3
ELEVATED BUN	0	0	1	0	1	0	0	0	0	0
NO PE DONE - NO RETURN	0	4	10	3	17	6	11	13	6	36
ABNORMAL CHEST X-RAY	0	0	1	8	9	0	0.5	1	1	2.5

ADULT

LOCATION: DUNGANNON

	MALE					FEMALE				
	<25	25 40	41 60	>60	tot.	<25	25-40	41-60	>60	tot.
LAST DR. VISIT > 1 YR.	3%	7%	13%	7%	30%	4%	6%	8⅓%	5.5%	24%
TETANUS UTD	1	3	6	7	17	1.5	4	4.5	2.5	12.5
needed, not given	0	0	1	1	2	.5	.5	1.5	1	3.5
given	0	0	6	4	10	.5	3	3.5	3	10
TB-POSITIVE	0	.5	5	4.5	10	.5	1	1.5	1.5	4
NEGATIVE	2	6	15	13	36	4.5	7.5	13	12	37
not read/not given	5	10	16	18	49	10.5	8.5	20	14	53
past + hx of TB	0	0	1	0	1	0	.5	2	1	3.5
VDRL - POSITIVE						0	0		.5	.5
SKIN DISORDERS, INFECT.	1	0	2	1.5	4.5	0	0	.5	1	1.5
NEOPLASM - SKIN	0	0	0	1.5		0	0	0	0	0
OBESITY	0	2	0	1.5	3.5	0	1	2	1.5	4.5
ANEMIA	0	0	0	1.5	1.5	.5	.5	.5	0	1.5
MENTAL RETARDATION	0	0	0	0	0	0	0	0	0	0
OTHER PSYCHIATRIC	0	0	0	0	0	0	.5	1.5	.5	2.5
STROKE (CVA)	0	0	0	0	0	0	0	0	0	0
EPILEPSY	0	0	0	0	0	0	0	0	0	0
IMPAIRED VISION/HEARING	0	0	2.5	7	9.5	0	.5	3.5	3.5	7.5
HIGH BLOOD PRESSURE	0	2.5	10	13	25.5	.5	2.5	10	13	26
ISCHEMIC HEART DISEASE (ANGINA/MI)	0	0	1	2	3	0	.5	2	1	3.5
CONGESTIVE HEART FAILURE	0	0	1	2	3	0	0	0	.5	.5
COPD (EMPHYSEMA AND CHRONIC BRONCHITIS)	0	0	4	7	11	0	.5	.5	0	1
PROSTATISM	0	0	2	6	8	////	////	////	////	////
ABNORMAL PELVIC	////	////	////	////	////	.5	1.5	4.5	2	8.5
ABNORMAL PAP	////	////	////	////	////	0	0	0	0	0
OSTEOARTHRITIS	0	0	1	2	3	0	0	0	0	0
RHEUMATOID ARTHRITIS	0	0	2	0	2	0	.5	1	1	2.5
DIABETES MELLITUS	0	0	0	1	1	0	0	.5	.5	1
PULMONARY NODULE (CXR)	0	0	1	1	2	0	0	.5	.5	1
ASTHMA	0	0	0	1	1	0	0	1	0	1
CANCER HISTORY	0	0	0	0	0	0	0	.5	.5	1
DENTAL PROBLEMS	0	0	0	0	0	0	.5	0	0	.5
ELEVATED CALCIUM(sma-12)	0	0	0	0	0	0	0	.5	0	.5
ELEVATED GLUCOSE	1	0	1.5	2.5	5	.5	0	2.5	.5	3.5
ELEVATED CHOLESTEROL	0	0	0	0	0	0	0	0	.5	.5
ELEV. TOTAL PROTEIN	0	0	0	0	0	0	0	0	0	0
ELEV. ALK. PHOS.	0	0	0	0	0	0	0	.5	.5	1
ELEVATED SGOT	0	1	0	0	0	0	0	0	0	0
ABNORMAL EKG	0	0	3	7	10	0	0	2	2.5	0
ELEVATED BUN	0	1	1	1.5	3.5	0	0	.5	.5	1
NO EXAM DONE - NO RETURN	4	8	9	5	26	7	3.5	8.5	6	25
ABNORMAL CHEST X-RAY	0	1	0	2	3	0	0	.5	1	1.5

PART VII
SELECTED PERSONAL AND COMMUNITY RESPONSES

First, I beleive that this past summer was the most creative, fulfilling, and productive summer of my life. My interests have always been community oriented. This summer has opened a new channel for me. I now look toward a rural lifestyle, using my law degree and combining it with work in agribusiness.

Ed Grandis, Special Projects Worker

The summer's greatest effect on me came from the people I worked with and lived with. The experience of thoroughly enjoying an evening with people whose lifestyles, backgrounds, and attitudes were so different from mine was a great lesson in itself.

Other lessons - From staying at the Caseys' farm I've learned to admire and respect farming more than any other profession. Mr. Casey showed me what independence, diversity, and hard work are required of farmers. His own lifestyle and jolly disposition proved what a gratifying life farming is.

I also formed many opinions on issues such as public health, welfare, strip mining, and private medicine in a rural area. My inclinations toward medicine in a rural area have been greatly increased as a result of this summers experience.

Jeff Heck, Community Worker

This summer's work affected me in so many ways that I am not going to begin to explain! I just will say that I learned a helluva lot about myself. It was a very interesting and in many ways a very difficult summer. But I am extremely glad that I spent it in Tracy City! And I am extremely glad that I spent it working for the Coalition...

Kitty Taimi, Community Worker

July 24, 1975
General Delivery
Dungannon, Va.
24245

Student Health Coalition
Center for Health Services
Vanderbilt Medical Center
Station 17
Nashville, Tenn.
37232

Dear Sirs:

The Vanderbilt Student Health Coalition Health Fair was the best thing that ever happened to Dungannon. The personnel conducted themselves in such an outstanding way that they have endeared themselves to everyone who came in contact with them. The people who kept them in their homes have had the highest regard for them to the point of wishing they could adopt them, some even cried when they left. It was a great privilege for us to have them in our homes and become acquainted with people of different talents and customs. The medical workers were of outstanding character.

Medically, the health fair significantly improved the health standards in this area by offering such a complete physical to many people who otherwise could never have afforded it. The personnel were so patient and understanding, never complaining or criticizing. The diagnoses of the people's ailments were very valuable and they worked late hours to see as many patients as possible. In four and one-half days the Health Fair gave physicals to 1,186 grateful people.

In conclusion, thanks again to the Student Health Coalition for its overwhelming generosity and concern for the health of our people. It is truly an admirable thing that you do.

Representatively,

Charlotte Nickels Nathan Lane Arthur Farmer

Scott Citizens Start Campaign For New Clinic

DUNGANNON — A crowd of about 45 enthusiastic citizens attended a meeting here Friday night to determine how to go about building a medical clinic in this section of Scott County.

After viewing a slide show outlining how other communities got started on similar projects, the citizens were ready to take the first steps toward constructing such a facility.

A recent health fair conducted by medical students from Vanderbilt University, in which almost 1300 persons were examined and treated, had pointed to a community need, the crowd agreed.

It decided to name a board of directors, which included Kenny Fannon of Duffield, Barney Strong of Copper Creek, Harry Hillman of Midway, Eugene Scott of Nickelsville, Arthur Farmer of Dungannon, C.C. O'Keefe of Ft. Blackmore, Frank Taylor of Sinking Creek, Del Holmes of Gate City, Georgia O'Keefe of Ft. Blackmore, Jim Scott of Dungannon, Phil Osborne of Dungannon, Joe Carter of Stanleytown, Willard Stallard of Flatwoods, Roger Brown of Duffield, Fred Crabtree of Clinchport, Otis Lawson of Ft. Blackmore, and Charlotte Nickels of Dungannon.

Officers named included Jim Scott, president; Oral Sanders, vice president; Georgia O'Keefe, secretary; and Arthur Farmer, treasurer.

A second meeting is slated for Monday night at the Dungannon Elementary School at 7:30 p.m.

Views from the Mountain

Our 'Angels Unawares'

"Be not forgetful to entertain strangers, for thereby some have entertained angels unawares," according to a scripture which comes pretty close to summing up an experience Mary and I have shared this summer.

I believe it was one afternoon late in May that two young women entered our office with the explanation that they had been referred here by Winnie Walker of Monteagle, who thought we might be of assistance to them in fulfilling their mission in Grundy County. This mission was to conduct something they called a "health fair," a term I had not ever before heard used.

The young women introduced themselves as Cathy Barrow and Cindy Lutenbacher and said they represented an organization called the Vanderbilt Student Health Coalition. Cathy herself was to be a senior nursing student at Vanderbilt in the fall; Cindy, I believe, had finished her course of study.

My normal impulse is to accommodate folks, even if they are promoting something which I might view with no especial enthusiasm. In this instance, however, I simply did not know what I might be letting myself in for; and the girls were able to enlist my cooperation just by virtue of their own dedication and the fact they came from Vanderbilt where I myself once had been a student.

Cathy and Cindy explained to me how a health fair worked—that medical and nursing students from Vanderbilt would come into the community and provide free testing and physical examinations for children and adults, and that the only quid pro quo provided by the community would be board and lodging for the workers for the duration of their stay.

They added that three "advance" staff members would be arriving in Tracy City within just a few days, and that they would need some place to stay for a period of about ten weeks, from early June through mid-August. This trio proved to be Jeff Heck, a rising pre-med senior at Vanderbilt from Middletown, Ohio; Paul Joffrion, an undergraduate at Duke University from Huntsville, Ala.; and Kitty Taimi, a Marylander, who had been working at Vanderbilt after completing her degree in Virginia.

As it turned out, we saw Cathy and Cindy during the summer mostly for those periods when the health fair was here; but Jeff, Paul, and Kitty were our frequent guests over a period of about two months.

This morning, as a group, they took leave of the Nicholsons, thinking maybe that they were in our debt for sometimes having come to their rescue. The truth of the matter is, though, that they gave not just to this community, but also to Mary and me personally, far more than ever we could give them in return. To us, they were indeed "angels unawares."

Paul and Kitty

Paul Joffrion still has a few loose ends to tie together here for the Health Coalition before his own personal moment of departure arrives; and, as it approaches, he is coming with each passing day more to resemble the bearded student agitator so much in evidence a few years ago.

If, however, there is anything "radical" about Paul except the quality of affection he bears, I have seen no evidence of it. At the moment he is just a young man who wants to grow his first beard, which—regardless of what it may make him look like—is nothing very extraordinary.

What is extraordinary about this young man is his good will, the r's would have Jeff laughing because it takes little to evoke the merriment of his soul.

He doesn't even care if he must provide fun for others by making a little fun of himself. This past Friday he arrived to show his slides of the Scot isle of Iona dressed in a kilt, which proved to be a short plaid skirt belonging to Susan Douglas.

After his freshman year at Vanderbilt, Jeff spent the summer working on Iona, which, centuries ago, was the center of the old Celtic religion and even now attracts Christians as a retreat. Jeff's slides were excellent, telling the story of the history of the place and also his own interest in all living things—birds and plants and people, too.

Cathy was with Jeff Friday night. They have "plans" for a year from now, but in the meantime she will finish her nursing course and he will study a year at Leeds University in England under the Vanderbilt Abroad program. After that, he hopes to be admitted to medical school somewhere. However, if this does not come to pass, I have faith that Jeff Heck will find some other way to become a useful human being; he's just that kind of person.

And now, since, as the saying goes, all good things must come to an end, they are gone or departing, these strangers whom we entertained. By "we" I certainly mean not just our own family, but the Mitchell Douglases, the Herman Caseys, the Hank Landers, Kenny and Babs Gross, the Laynes, and all the other local folks who opened their homes to these and other members of the Vanderbilt "team."

I am unable to comment on the impression the others left behind, but I can say that no greater honor ever has come our way than to be chosen as occasional hosts for Jeff Heck and Cathy Barrow, for Paul Joffrion and Kitty Taimi. May God go with them and the dedication of their youth impel them through lives of continuing good works.

gave not just to this community, but also to Mary and me personally, far more than ever we could give them in return. To us, they were indeed "angels unawares."

Paul and Kitty

Paul Joffrion still has a few loose ends to tie together here for the Health Coalition before his own personal moment of departure arrives; and, as it approaches, he is coming with each passing day more to resemble the bearded student agitator so much in evidence a few years ago.

If, however, there is anything "radical" about Paul except the quality of affection he bears, I have seen no evidence of it. At the moment he is just a young man who wants to grow his first beard, which—regardless of what it may make him look like—is nothing very extraordinary.

What is extraordinary about this young man is his good will, his mild manner, and his impulse to serve.

In our household, Paul became, first and foremost, Jack's friend; and Jack may never have one better. I'll have to confess that during much of the time when this friendship has been cultivated and nurtured, I have been at work and unable to observe Paul's way with Jack; but I can speak at first hand of the effect. When Paul enters the room where he is, Jack responds as one who has been treated many times with a caring, a gentleness, and an indulgence, the genuineness of which not even a small child could mistake.

Still, there may be somewhere in Paul's soul the instinct of the "loner." He was the one in the group during its early days here who would sometimes just disappear and be gone for hours at a time. There was one such instance when I became aware that he was gone and wondered where in the world he might be. But eventually, Paul appeared, walking the railroad tracks back from town, later explaining who it was—some stranger he had taken an interest in—with whom he had spent an enjoyable afternoon.

Something Kitty volunteered to do for Bubba may serve as example of the spirit of helpfulness which characterizes all the young people with the Health Coalition we came to know. He bought himself a ten-speed bicycle last year, and it managed to "go down" on him before he had much use from it. In the meantime, he has been trying to get someone to take the bike to a repair shop for him.

No one did, though, until Kitty came along. She carried it to Nashville on one of her trips there; and, when it was found not properly repaired on its return, she insisted on taking it back again.

One other instance: it was Paul and Jeff who arrived back from Lake City last night so famished that even our left-overs tasted good; it was Kitty, though eating nothing, who helped with the dishes.

Jeff and Cathy

Jeff has afforded us much pleasure. Let's see if I may evoke the standing source of amusement between us—the language of Scotland in general, of Bobby Burns in particular—to picture him: A bonie lad, who, with his friend Paul, has a headful of unruly curls—though his be light, while Paul's be dark; a lad long and lank; a lad whose heart he has gi'en to fair Cathy. Poor as my imitation is, proper broadness of the vowels and rolling of

come to pass, I have faith that [illegible]
to become a useful human being; he's just that kind of person.

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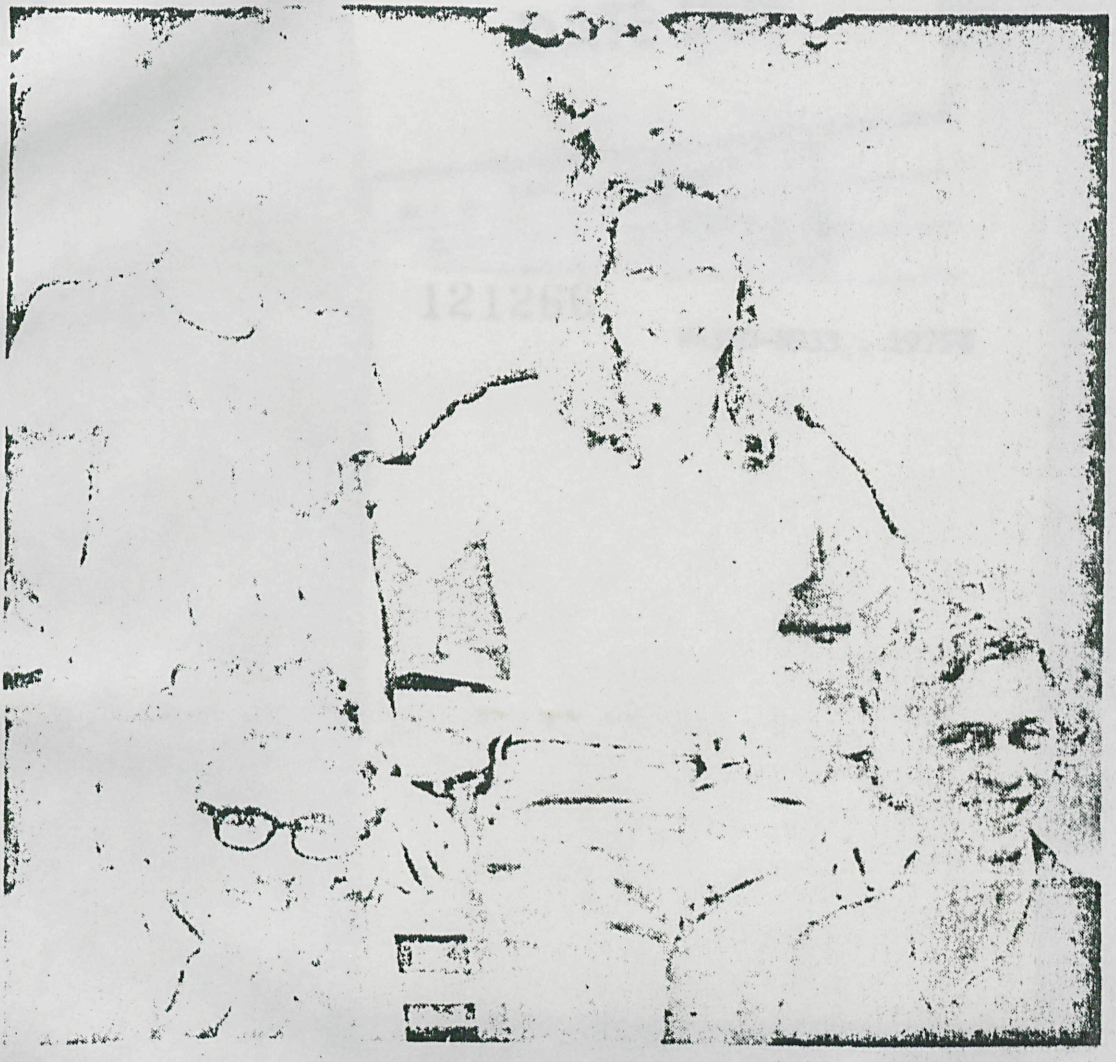
Grundy County Herald 8-7-75



HEALTH TEAM PARTS—These key members of the Vanderbilt Student Health Coalition, very much in evidence in Grundy County this summer, took leave of one another in Tracy City early this week and began heading their separate ways. The boys are Paul Joffrion, left, and Jeff Heck; the girls Kitty Taimi and Cathy Barrow. They were planners and organizers for an effort which provided medical testing and physical examinations for almost 1,100 countians.

DATE DUE

DEC 4 '97	AUG 0 9 2000	SEP 1 7 2014
DEC 26 '97	SEP 0 9 2000	[illegible]
MAR 9 '98	SEP 1 0 2000	SEP 2 3 2014
MAR 12 '98	SEP 1 1 2000	SEP 2 5 2014
OCT 2 5 1999	9/6/13	AUG 1 7 2015
NOV 1 6 1999	OCT 0 4 2013	AUG 1 9 2015
DEC 2 7 1999	NOV 1 2 2013	AUG 2 7 2015
FEB 0 5 2000	11/16/13	9/4/15
MAR 1 1 2000	12/4/13	SEP 2 1 2015
MAR 1 3 2000	2/19/14	10/6/15
MAR 1 4 2000	3/18/14	
APR 1 8 2000	6/17/14	
MAY 2 0 2000	8.5.14	
JUN 0 8 2000	8.5.14	

DATE DUE

APR 6 '98			
JUN 9 '98			
JUL 4 '98			
JUL 7 '98			
JUL 23 '98			
JUL 28 '98			
AUG 29 '98			
DEC 4 '98			
DEC 28 '98			
DEC 29 '98			
APR 6 '99			
MAY 8 '99			

Student Health Coalition.
Appalachian Project.

Final report, 1975.

DATE	ISSUED TO
MAR 1 '82	J. Owens-324 Light
	Overdue Sent APR 13 1982 # 3-16-82
	RENEWED
APR 27 '82	P. Testa, MD/ BS
	ROOM 101
MAY 11 '82	Renewal
JUN 2 '82	RENEW
JUN 16 '82	Renewal
JUL 1 '82	RENEWED

DATE	ISSUED TO